

Messages from the Medical Society of the State of Pennsylvania.

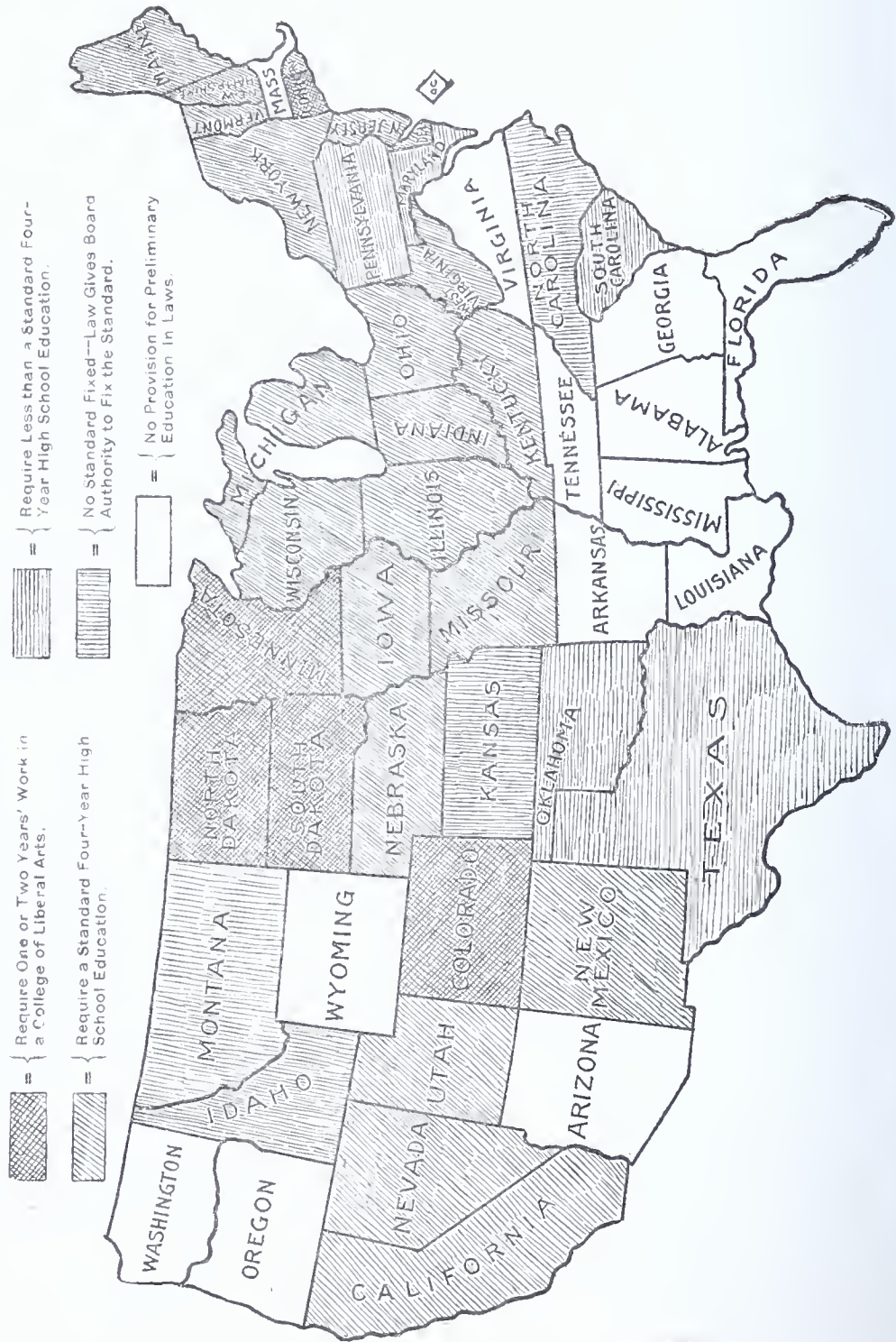
Medical Requirements in Pennsylvania.

To the Medical Profession and Those Interested in Medical
Matters.

Proposed Medical Bill.

(Now before the Legislature.)

CHART 1.—STATE BOARD REQUIREMENTS OF PRELIMINARY EDUCATION.



MEDICAL REQUIREMENTS IN PENNSYLVANIA.

BY ALEXANDER R. CRAIG, M. D., PHILADELPHIA.

The sense of sight often enables one to appreciate truths in a way that is lacking if this sense is not appealed to, and the position that the state of Pennsylvania occupies in its failure to conform to what has been the judgment of the profession and the public of the other states in the matter of laws regulating the practice of medicine, is evidenced by the charts here presented.

These charts are shown by the courtesy of the Council on Medical Education of the American Medical Association. It will be noted in Chart 1, that while Pennsylvania fixes a standard of preliminary education as a requirement for the study of medicine, the standard fixed is less than the four years' high school course of instruction and that it is one of five states in this group, Maryland, South Carolina, Oklahoma and Texas with Pennsylvania, still permitting this low standard of preparation; in addition there are thirteen states and territories which make no provision for preliminary education in their law. Would not Pennsylvania's position be bettered if the law should give the board the authority to fix the standard or should require at least a four years' high school education preparatory to the study of medicine? In Chart 2 Pennsylvania again is in the minority in that it still retains separate boards to examine those desiring to practice medicine. In addition to Pennsylvania there are only New Hampshire, Connecticut, Delaware, Maryland, District of Columbia, Georgia, Florida, Louisiana and Arkansas that still have multiple examining boards. All of the other states and territories have but a single organization to examine those desiring to practice medicine. Chart 3 shows the one point in which Pennsylvania concurs with the majority of states and that is that it requires graduation from a medical college as a necessary step in qualifying oneself for the practice of medicine. Chart 4 shows Pennsylvania, in company with Massachusetts, Maryland, Virginia, Tennessee, Alabama, Florida, Mississippi and Arkansas, as having no authority to refuse to recognize diplomas from low grade medical colleges and no authority for a more severe test of the qualifications of those presenting diplomas from these low grade schools than it would require from a graduate of the best equipped and most reputable medical college.

Twenty-eight of the states have seen the wisdom of refusing recognition to the poorly qualified graduate of medicine and all the other states have some limited power which allows the protection of the people in guarding them against the graduates of inferior schools. Chart 5 shows Pennsylvania in the minority in that, under present ruling, the state does not reciprocate with other states. This possibly may be a measure in which the public is not so greatly concerned as are the physicians, but it shows Pennsylvania to be in need of a revision of its statutes relative to the licensing of practitioners of medicine.

Laws to regulate the practice of medicine have been passed by all the states and territories in these United States. These laws come under the "police power" of the state. Consequently each of the several commonwealths determines what the law should be, according to the condition existing within its confines.

"Whereas the safety of the public is endangered by incompetent physicians and surgeons and due regard for the public health and the preservation of human life demands that none but competent physicians and surgeons be allowed to practice their profession" is the principle which justifies the enactment. Surely the common good requires certain qualifications of those who offer their services to the public as practitioners of medicine.

First, it is necessary to determine what the practice of medicine is. The following definition has been proposed and seems just: "That a person practices medicine within the meaning of this act who holds himself or herself out as being able to diagnose, treat, operate upon or prescribe for any human disease.

CHART 2.-STATE EXAMINING BOARDS AND SECTS IN MEDICINE

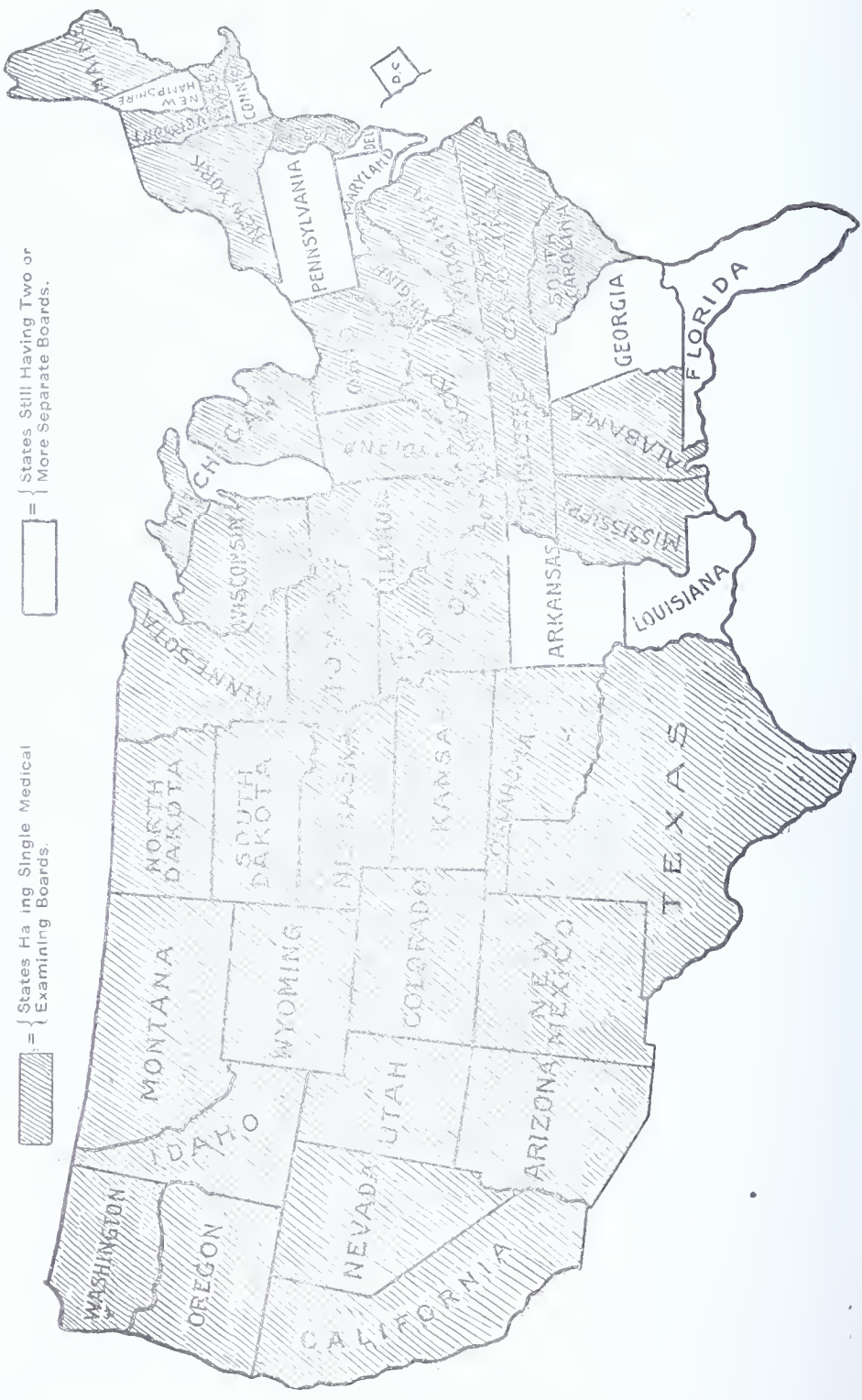
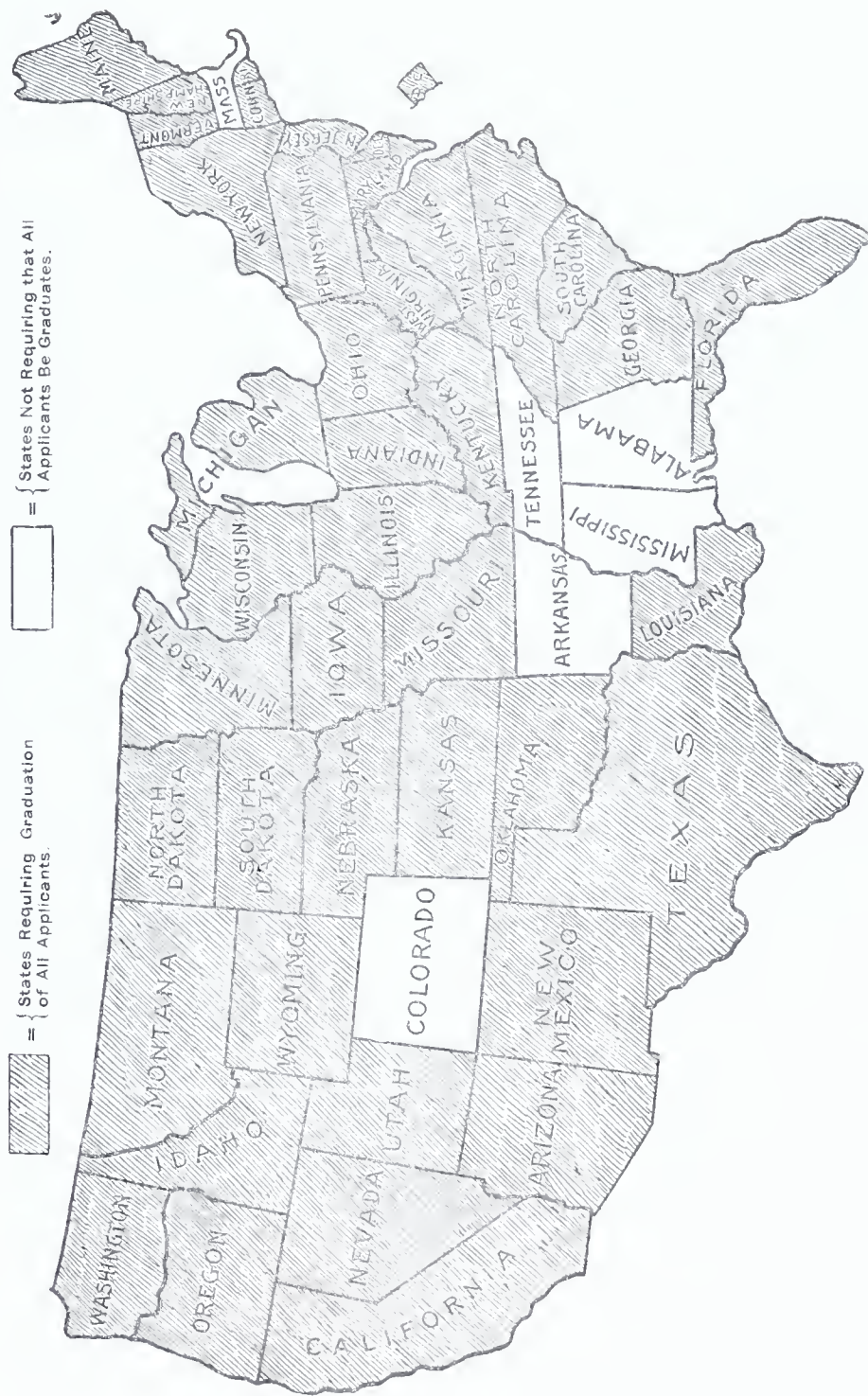


CHART 3.—STATES REQUIRING GRADUATION FROM A MEDICAL COLLEGE.



pain, injury, deformity, or abnormal physical condition, and who shall either offer or undertake, whether with or without drugs, medicines or instruments and whether with or without fee therefor, by any means or method, to diagnose, treat, operate upon or prescribe for any human disease, pain, injury, deformity or abnormal physical condition. Provided, however, that this Act shall not apply to the practice of dentistry, the regulation of which is now provided for by law. This definition is broad and comprehensive because a law of this character should cover every phase of the question under consideration. It is very evident that it indicates those to be physicians who, as a vocation, offer their services for the care of the sick. No one would forbid the offering of services in cases of emergency or where a regularly licensed physician can not be obtained.

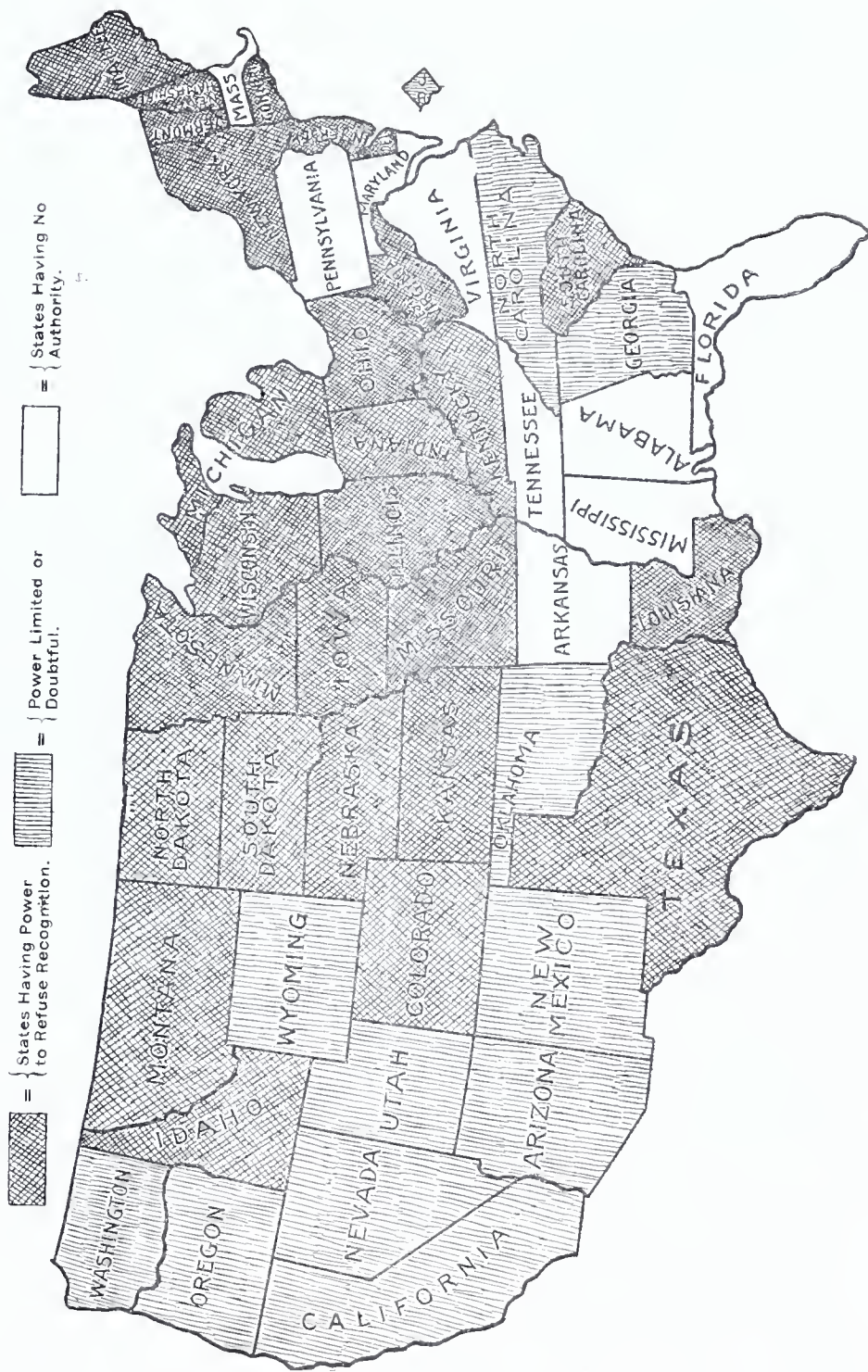
It is self-evident that any one who offers himself as a physician should be able to prove his advice worthy of consideration and that the state has the right to, and in justice to its citizens should, prove the claim of such a one to the confidence of the people.

Next, what constitutes a competent and properly qualified physician? The law should define the minimum of qualification that the state requires. This minimum of qualification is by no means influenced by the theories in his practice. It then becomes a matter of individual preference with the patient who shall treat him in a given illness, to be decided by the personality or the peculiar theories to which the patient and the physician may give allegiance. As the physician has ability beyond the minimum required for the safe-guarding of the interest of the public, he may hope to succeed in establishing a practice.

It has been determined by the vast majority of states that there shall be but a single board whose duty it is to examine and pass upon the qualifications of those desiring to practice medicine within the commonwealth. Pennsylvania still fails to appreciate that it has as many grades of physicians as it has boards passing upon the same. No matter how honestly the estimation of qualification is made, the personal factor, the judgment of the various examiners, must make a difference in the grading of a given set of answers to the questions. Yet this state now permits three boards to license to practice medicine under claimed separate theories of practice, and additional boards are asked for.

There should be no requirement demanded for a position upon a board of examiners other than that the appointee be qualified to pass upon fitness of the applicants for license and that he should command the respect of the practitioners of medicine within the state as well as that of the people. The appointment of such examiners can well be entrusted to the governor with no limit to his power of appointment other than that the appointees be members of good standing of some medical society or association whose membership extends throughout the commonwealth. This qualification would evidence his approval by the physicians of the state. Such a board of medical examiners should be empowered to hold examination as required for the licensing of those desiring to practice medicine without inflicting undue hardship upon the applicant, and should be privileged to issue subpoenas, administer oaths and to take evidence to establish such facts as may be necessary to determine to carry this law into effect, and to make such rules and regulations as are consistent with the statutes of the commonwealth or of the United States. Power should be given it at its discretion to approve licenses to practice medicine issued by other commonwealths because, if an individual has been practicing his profession with safety in some other community, it is to be expected that, if he should enter this state he would bring with him a standard of proficiency that would be safe to the people of the community in which he settles. Such an applicant having proved his fitness by his past professional record and his moral qualifications would be safe. Finally, this board should be empowered under such wise restrictions as would safeguard the personal rights of one holding a license to practice medicine within the state for sufficient cause to refuse, revoke or suspend such license.

CHART 4.--STATE BOARDS HAVING AUTHORITY TO REFUSE RECOGNITION TO LOW GRADE MEDICAL COLLEGES.



TO THE MEDICAL PROFESSION AND THOSE INTERESTED IN MEDICAL MATTERS.

BY GEORGE W. WAGONER, M. D., JOHNSTOWN.
President, Medical Society of the State of Pennsylvania.

The question of absorbing interest to the medical profession is the proposed Act to regulate the practice of medicine in Pennsylvania. I shall attempt to show why the question should be of vital interest to the public.

Why should there be a law to regulate the practice of medicine? Very few of the professions and occupations are under specific regulations fixed by law, and those that are, have regulations which are very general in their requirements. Why should restrictions be thrown around the practice of medicine? The "Whereas" which introduces the bill proposed to the Legislature, contains the only reasons that can be legally given for regulation, and the justification of the restrictions sought to be thrown about the practice of medicine:—

"Whereas, The safety of the public is endangered by incompetent physicians and surgeons and a due regard for public health and the preservation of human life demands that none but competent and properly qualified physicians and surgeons be allowed to practice their profession, and to accomplish this public good general regulations are proper and desirable, and

"Whereas, The safety of the public can be more effectively protected by one Board of Medical Examiners than by three Boards of Medical Examiners as at present exist, therefore:" After this preamble the act follows in regular order.

If the safety of the public is endangered by incompetent physicians and surgeons, then the state has an undoubted right, and it is its duty, by the exercise of its police power, to regulate and control every individual and thing that may bring danger and harm to its citizens. It is justified on the broad ground of the public good. But the regulations must bear equally upon all persons. No recognition of classes, no favors, no hardships imposed upon one, which are not imposed upon all. The fundamental doctrine of "equal and exact justice to all, special privileges to none," which is implied in the "Whereas" must extend to every provision of the law, and each one of them must be judged by that doctrine. The intelligent among the public will be ready to admit the above propositions without question. The medical profession, and I mean the profession in its broadest sense, should also be willing to accept them without a quibble.

The next questions are, to determine what constitutes the practice of medicine, and who shall be classed as practitioners. The Act answers these questions by the following definition:—

"That a person practices medicine within the meaning of this Act who holds himself or herself out as being able to diagnose, treat, operate upon or prescribe for any human disease, pain, injury, deformity, or abnormal physical condition, and who shall either offer or undertake, whether with or without drugs, medicines or instruments and whether with or without fee therefor, by any means or method, to diagnose, treat, operate upon or prescribe for any human disease, pain, injury, deformity, or abnormal physical condition. Provided, however, that this Act shall not apply to the practice of dentistry, the regulation of which is now provided for by law."

The definition limiting the acts constituting the practice of medicine to a particular class of persons who seek to do them on account of their assumed knowledge and skill must be distinct and positive in its limitations to that class. The helpful acts of parents, friends and neighbors, during times of illness or injury, must be clearly excluded from the definition, otherwise it would be an absurdity on its face. The terms of the definition must mean that those who undertake to cure ills or injuries, do so because they claim to be physicians, or because they profess to have knowledge of the work undertaken, or have had experience with similar conditions. By systematically undertaking such acts of relief, individuals inferentially make claim to the necessary skill. It is held that the definition

of the practice of medicine in the proposed Act, applies to those persons who hold themselves out before the public to be physicians, and to no other persons.

It is assumed that we have now agreed upon the necessity for, and the right of the state to regulate the practice of medicine.

It is also assumed that we have defined the practice of medicine and eliminated from it those acts of family or neighborly duty which are the undisputed privilege of every individual, and have limited the control of the law to those persons who as a means of maintenance, or to gain honor, or in the search for notoriety, profess or undertake to treat the diseases of mankind.

We have now reached the most difficult phase of the problem. How shall the state prove the qualifications of individuals desiring to practice medicine? There are many persons of varied beliefs claiming the right to practice. Each one is sincere in his belief, and those of similar modes of thought are suspicious of all who do not think as they do. Is there a common ground upon which all may stand in the interest of the public health?

All intelligent persons, and all persons intelligent enough to be citizens will accept the statement as true, that those individuals who desire to treat the ills and injuries of their fellowmen, as a vocation, should know somewhat of the construction of the human body and its functions in health; its vital processes; the changes in its structures and functions caused by disease; the mechanical injuries to which it is subjected and the mode of repair: the effects of food and all other material things upon its health, functions and comfort, and the conditions under which human beings can associate together without unduly impairing the health of any or all. The essential facts upon which these general principles are founded are beyond controversy. They are susceptible of demonstration to the common people. All sects in medicine accept and are safely guided by them in their fundamental actions, which must be safe, but they begin to theorize and form factions concerning those matters which are not susceptible of convincing demonstrations.

Scientists have arranged the vast accumulation of undisputed facts under appropriate subjects: Anatomy, Physiology, Chemistry and Toxicology, Pathology, Surgery, Obstetrics, Physical Diagnosis, Descriptive Medicine, Gynecology, Pediatrics, Pharmacology, Hygiene, and Specialties and the important elaborations of these various subjects. There are no controversies, which might be dangerous to the public health concerning the fundamentals of these subjects. It is only the application of some of this knowledge to the human body that gives rise to acrimonious controversy and the separation of votaries into sects. At this point the state might ask, Does it really make any difference to my people how these matters in controversy are applied to them? Is the health, comfort or safety of the people impaired or endangered by the application of the various theories of treatment? Does not the existence of all sects, by natural law, depend upon their safety in the eyes of the people? The people, who constitute the state, have already answered the questions, in that the sects have been permitted to live and have been protected in their existence.

We can not deny or ignore these facts. Why do these facts obtain? I believe it is because the educated members of the various sects, those who formulate doctrines and mould opinions for their adherents, never dangerously violate the fundamental laws governing the human body in health and disease. For many years the people, or the state, accepted the certificate of qualification given by these leaders to their disciples as sufficient evidence that the latter would be safe servants, but in recent times, the state through its agents has been reviewing this evidence and placing its own seal of approval upon those who satisfy its tests. If, then, fundamental, undisputed, medical knowledge renders an individual safe in his practice upon the public, why should the state concern itself with non-essential sectarian knowledge? Why should it recognize the existence of sects in medicine any more than it recognizes sects in religion, law, engineering, mining or any other mode of livelihood based upon human knowledge? I am of the opinion the state's duty ends with the examination concerning *facts*, and it be-

comes inquisitorial and offensive when it undertakes to gauge opinions and theories according to an arbitrary standard.

If physicians are equal before the law, why should we demand that those who may compose the Board of Examiners shall be tagged with certain names to indicate their peculiar faith, and that no more than a certain number bearing a similar tag shall be members of it. Such a provision at once injects sectarianism into a law from which it should be excluded if the foregoing arguments are correct and politic. Legislators and the public would be more interested in requiring a Board of Examiners to be made up of legally qualified, honorable, conscientious medical gentlemen than in preserving an arbitrary balance of power in its organization. The selection of such a Board should be entrusted to the Governor without any limitation upon his right of choice. The gentlemen who attain the office of Governor of this great state will be of such honorable character that their fairness and discretion in the adjustment of matters relating to the safety of the people should not be questioned.

The law now in force regulating examinations for license to practice medicine provides for a body known as the Medical Council, composed of state officials, not medical men, charged with the duty of supervising the examinations made by the Board of Medical Examiners, and issuing licenses to practice medicine to those individuals who successfully pass the examinations. The implied object of this Council is to prevent unfair treatment of any sect or individual in the enforcement of the law regulating the practice of medicine. The actual duties it is charged with properly belong to an authoritative Board of Examiners. If sectarianism is in fact and by inference excluded from the Medical Act there can be no just reason for the retention of a Medical Council. It should therefore be stricken from a general law that ignores the existence of classes. I know the arguments of political expediency that are urged in justification of its continuance, but the ideal law is not founded upon expediency, but upon equal rights to all, special privileges to none. For such a law I am pleading, in the hope that belittling sectarian squabbling may cease to divert and annoy the public; that when an individual is permitted by the state to enter upon the practice of medicine, the public is guaranteed that he or she possesses a store of basic knowledge sufficient to render them safe and efficient conservators of the public health.

There are a number of other matters the Act must provide for,—preliminary education, scientific education, whether or not there shall be reciprocity between the states or any state, revocation of licenses for cause, and all the details of procedure necessary to make it consistent, legal and practical. As these questions are in no way modified by sectarianism there should be no difficulty in drafting general provisions to cover each point.

Now, what is the problem that confronts the medical profession? It can not acknowledge sectarianism, even by inference, without the idea of self-interest obtruding itself into the discussion. We can not batter down prejudice except by advocating principles which are so fundamentally fair that they can not be distorted by the malicious cunning of the self-seeking obstructionists, that are so open and unrestrained as to liberty of belief that the wayfaring man, though a fool, may not misjudge them.

The profession has been taking higher ground in its relation to public questions, and just now I believe the trend of medical thought is to a still higher and more dignified position before the public. We are fast becoming public teachers of medical and sanitary morals, and to be impressive and successful teachers, self-interest must be eliminated. We, ourselves, know this process of elimination is far advanced, but the public is not yet ready to give us credit for a disinterestedness which is foreign to modern conceptions of business methods. We must prove our faith by our works. We are not the only factors in this great question which must be reckoned with. The lawmakers must be convinced, and back of them and far more important is the public, to be convinced.

Upon this question the path of duty seems plain to me. We must take the

high ground that the health and sanitary safety of the public demands that its medical servants shall be educated men and women, proven by fair methods to possess scientific knowledge of the human body in health and disease. Here we may rest with the conviction that such knowledge will render safe the conduct of any individual in his relations with those committed to his care.

I therefore maintain that an Act regulating the practice of medicine must be clearly in the interest of the public health.

That it must be general legislation.

That in no sense must it be class legislation.

That the principles underlying such an Act must be true, and be founded upon the facts of modern experience and culture.

PROPOSED MEDICAL BILL.

AN ACT.

To define and regulate the practice of medicine, to make an appropriation for the expenses thereof, and to provide penalties for violations of the Act.

Whereas, The safety of the public is endangered by incompetent physicians and surgeons and a due regard for public health and the preservation of human life demands that none but competent and properly qualified physicians and surgeons be allowed to practice their profession, and to accomplish this public good general regulations are proper and desirable, and,

Whereas, The safety of the public can be more effectively protected by one Board of Medical Examiners than by three Boards of Medical Examiners as at present exist, therefore:—

SECTION 1: DEFINITION OF PRACTICE OF MEDICINE.—Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met, and it is hereby enacted by the authority of the same: That a person practices medicine within the meaning of this Act who holds himself or herself out as being able to diagnose, treat, operate upon or prescribe for any human disease, pain, injury, deformity, or abnormal physical condition, and who shall either offer or undertake, whether with or without drugs, medicines or instruments and whether with or without fee therefor, by any means or method, to diagnose, treat, operate upon or prescribe for any human disease, pain, injury, deformity, or abnormal physical condition. Provided, however, that this Act shall not apply to the practice of dentistry, the regulation of which is now provided for by law.

SECTION 2: BOARD OF MEDICAL EXAMINERS.—It is further enacted that from and after the passage of this Act there shall be and continue to be a Board of Medical Examiners for the State of Pennsylvania. The said Board shall consist of the State Superintendent of Public Instruction and eight members and each of said eight members as designated by the Governor when first appointed shall serve from date of appointment as follows: Two for one year, three for two years, and three for three years, counting from the first day of March, one thousand nine hundred and nine.

The Governor shall appoint within thirty days after the passage and approval of this Act eight members of the Board of Medical Examiners from those persons legally qualified to practice medicine in the state of Pennsylvania. Each one of the said appointees must be a physician at least thirty-five years old and must have practiced his profession under the laws of this state for a period of not less than ten years prior to such appointment, and must be a member in good standing of a state medical society or association of Pennsylvania; provided, however, that no teacher or instructor in any medical school shall be eligible for appointment. The Governor shall fill vacancies caused by death or otherwise for any unexpired term or terms and may remove any member of the said Board for continued neglect of duties required by this Act, or on recommendation of the medical society with which the said member may be affiliated, for unprofessional or dishonorable conduct. The appointments of successors for those members whose terms of office will expire on the first day of March of each year after the passage of this Act shall be made by the Governor during the month of January of that same year

upon the same conditions and requirements as are hereinbefore specified and for a term of three years.

SECTION 3: DUTIES OF MEDICAL EXAMINERS.—Said Board shall be known by the name and title of the Board of Medical Examiners of the State of Pennsylvania. Every person who shall be appointed to serve on said Board shall receive a certificate of appointment from the Secretary of the Commonwealth.

The Board of Medical Examiners of the State of Pennsylvania shall issue licenses to practice medicine to such reputable applicants as have presented satisfactory and properly certified copies of licenses from state boards of medical examiners or state boards of health of other states, as provided for in section nine of this Act, or who shall have successfully passed the examination of the State Board of Medical Examiners as provided for by this Act.

Any medical officer of the United States Army, the United States Navy, or United States Public Health and Marine Hospital Service in active service, or who has been honorably discharged therefrom, or who has resigned from said service while in good standing, shall upon application to the Board of Medical Examiners be given a license without further examination, provided, however, that this privilege shall not apply to volunteer or contract medical officers. This Act shall not prohibit any lawfully qualified physician residing in other states or countries, meeting registered physicians of this state in consultation, or any physician residing in a neighboring state upon the border of this state, whose practice extends into the limits of this state and who is duly authorized to practice medicine under the laws of the state in which he resides from practicing his profession within this state. Provided, however, that such practitioner shall not open an office or appoint a place to meet patients or receive calls within the limits of Pennsylvania.

The Board of Medical Examiners shall issue licenses in accordance with rules and regulations established by said Board to such applicants as have successfully passed its examinations or who have presented satisfactory and properly certified copies of licenses from state boards of medical examiners or state boards of health of other states, as provided for in this Act and the said Board of Medical Examiners shall compile and keep a list of those legally qualified to practice medicine within this state.

The Board shall be authorized to take testimony concerning all matters coming within its jurisdiction and powers and the presiding officer of the said Board or any duly appointed committee thereof may issue subpoenas and administer oaths to witnesses and proceed to take testimony. Said Board of Examiners shall adopt a seal, make and adopt all necessary rules, regulations, and by-laws not inconsistent with the Constitution and laws of the United States or of the Constitution and laws of the state of Pennsylvania whereby it shall perform the duties and transact the business required under the provisions of this Act.

The State Superintendent of Public Instruction shall be the secretary and treasurer of the Board of Medical Examiners. In addition to such duties as pertain to these offices, the State Superintendent of Public Instruction shall pass upon the preliminary qualifications required by this Act prior to the study of medicine of those applying for license. He shall compile and keep the list of the legally qualified practitioners of medicine in the state of Pennsylvania and shall be the custodian of the examination papers.

SECTION 4: MEETINGS OF EXAMINING BOARD.—The first meeting of the Examining Board shall be held during April, one thousand nine hundred and nine, and subsequent meetings for organization on the first Tuesday of April, annually thereafter, suitable notice in the usual form being given with the notice of their appointment by the secretary of the Board of Medical Examiners to each of the members thereof specifying the time and place of meeting.

SECTION 5.—At the first meeting of the Board and at each annual meeting in April an organization shall be effected by the election from its membership of a president. For the purpose of examining applicants for license the said Board of Medical Examiners shall hold two stated meetings in each year, due notice of which shall be made public at

such time and places as the said Board of Medical Examiners may determine. Other meetings may be provided for at the discretion of the Board. A majority of the members of said Board shall constitute a quorum thereof, but the examination may be conducted by a committee of one or more of the Board of Examiners duly authorized by said Board.

SECTION 6: EXAMINATIONS.—The Board of Medical Examiners shall, not less than one week prior to each examination, prepare and agree upon a series of questions for a thorough examination in anatomy and surgery, physiology, chemistry as applied to medicine, hygiene and preventive medicine, pathology as applied to medicine, therapeutics, practice of medicine including symptomatology, diagnoses and clinical history of diseases, gynecology and obstetrics, medical jurisprudence and toxicology. Provided, however, that no applicant shall be refused a license solely because he makes answers to the questions asked in therapeutics and the treatment of diseases, which answers are based upon a medical sectarian teaching.

There may be admitted to the examination in anatomy, physiology, chemistry as applied to medicine, and hygiene, or to any of these subjects, such applicants as shall be certified to by the dean of the medical college in which the studies have been pursued as having studied medicine and pursued the regular course in these studies in any incorporated, reputable medical school not less than two full years of at least eight months each in two different calendar years; provided such candidates are of good moral character, having the requisite preliminary education as provided in section nine and pay such proportion of the fees provided for in this Act as the Board of Medical Examiners shall determine, and those who have passed any of the examinations in the above mentioned preliminary subjects when they have finished the full period of four years of study and have been certified as having received their medical degree as provided for in this Act shall be admitted to the examinations provided for in this section which they have not passed, provided, they have paid the remainder of the examination fee and have otherwise complied with the requirements for application for examination for licensure.

SECTION 7: METHOD OF EXAMINING.—Said examination shall be conducted in the English language in writing in accordance with the rules and regulations prescribed by the Board of Medical Examiners of Pennsylvania and may be supplemented at the discretion of the Board by oral examinations or by practical examinations at the beside in available eleemosynary or other institutions, the laboratory, and by practical tests upon the human cadaver, and shall embrace the subjects named in section six of this Act. After each such examination the Board shall without unnecessary delay act upon the same. An official report of such action signed by the president, secretary, and each member of the Board of Medical Examiners, stating the examination average of each candidate in each branch, the general average, and the result of the examination, whether successful or unsuccessful, shall be prepared and be a matter of record in the office of the Board of Medical Examiners. Said report shall embrace all examination papers, questions and answers thereto and such reports as result from the practical tests as hereinbefore specified. All such examination papers and reports shall be kept for reference and inspection for a period of not less than five years.

SECTION 8.—The Board of Medical Examiners shall issue forthwith to each applicant who shall have attained a general average of not less than seventy-five per centum, and therefore have been recorded as having successfully passed said examination, a license to practice medicine in the state of Pennsylvania. Every license to practice medicine issued pursuant to this Act shall be subscribed by every member of the Board of Medical Examiners. It shall also have affixed to it, by the person authorized to affix the same, the seal of the Board of Medical Examiners.

Before said license shall be issued, it shall be recorded in a book to be kept in the office of the Board of Medical Examiners and the number of the book and the page therein containing such recorded copy shall be noted upon the face of said license. Under proper restriction as to their safe keeping, said records shall be open to public inspection, and in all legal proceedings these records or certified copies of them shall be evidence of the license having been granted.

SECTION 9: APPLICATIONS FOR LICENSE.—From and after the first day of July, Anno Domini, one thousand nine hundred and nine, any person not theretofore authorized to practice medicine in this state and desiring to enter upon such practice may deliver to the secretary of the Board of Medical Examiners, upon the payment of a fee of twenty-five dollars, a written application for license together with satisfactory proof that the applicant is more than twenty-one years of age, is of good moral character, has obtained a preliminary education as hereinafter provided, and has received a diploma conferring a degree of medicine from some legally incorporated reputable medical college of the United States, or a diploma or license conferring the full right to practice all branches of medicine in some foreign country. Applicants who shall have received their degree in medicine after the first day of January, one thousand nine hundred and ten, must have pursued the study of medicine for four years of at least eight months in each year, in four different calendar years, the work of each year having been successfully passed in some legally incorporated reputable medical college or colleges prior to the granting of said diploma or foreign license. Provided, That reputable practitioners of medicine who have been engaged in the practice of their profession for a period of not less than ten years, and who are graduates of reputable medical colleges, are eligible for examination for licensure under this Act. Such proof shall be made if required upon affidavit. Upon making of said payment and proof, the Board of Medical Examiners, if satisfied with the same, shall issue to said applicant an order for examination. In case of failure in any such examination, the candidate, after the expiration of six months and within two years, shall have the privilege of a second examination without the payment of the additional fee. Having failed upon a second examination as hereinbefore provided, application for examination *de novo* must be made and in conformance with the standards of qualification, both as to character, preliminary and medical education, in force at the time of the new application, and upon payment of a fee of twenty-five dollars. And it is further provided, that applicants examined and licensed by state boards of medical examiners or state boards of health of other states, on the payment of a fee of twenty-five dollars to, and filing in the office of the Board of Medical Examiners a copy of said license, certified to by affidavit of the president or secretary of such Board, and proof that the standard of requirements adopted by said Board of Medical Examiners or State Board of Health is not lower than that provided by this Act, shall without further examination receive a license conferring on the holder thereof all the rights and privileges provided by this Act.

Candidates for license to practice medicine in this commonwealth as specified in this Act, who present their application and undergo examination after the first day of July, Anno Domini, one thousand nine hundred and nine, must present to the Board of Examiners evidence of at least a common school education preparatory to the study of medicine, and after the first day of January, one thousand nine hundred and twelve, with the exception of the practitioners of at least ten year's standing as hereinbefore provided for, shall be obliged to present to the Board of Medical Examiners one of the following credentials satisfactory to the Board, covering their preliminary education before an order for examination shall be issued to the applicant, to wit: A diploma of graduation from a reputable college or university granting a degree of Bachelor of Arts, Bachelor of Science or other degree conferred by a reputable college, or a diploma of graduation from an educational institution maintaining a four years' course of study, such as a state normal school, or high school, a seminary, an academy or college preparatory school maintaining such a course; or a certificate of having passed an examination for admission to the freshman class of a reputable literary or scientific college or university, or a certificate of having passed an equivalent examination conducted by a certified examiner approved by the Superintendent of Public Instruction of the State of Pennsylvania.

SECTION 10: REGISTRATION OF LICENSE. ETC.—From and after the approval of this Act, no person hitherto not legally registered shall enter upon the practice of medicine in the state of Pennsylvania, unless he has complied with the provisions of this Act and shall have exhibited to the prothonotary of the court of common pleas of the county in which he desires to practice medicine, a license duly granted to him as hereinbefore

provided, whereupon he shall be entitled upon the payment of one dollar to be duly registered in the office of the prothonotary of the court of common pleas in the said county, and it shall be the duty of the prothonotary of the said county to immediately notify the secretary of the said Board of Medical Examiners of such fact, and of the date, and the book and page containing such registry, and the same shall be entered upon the record of the said license kept by the said Board of Medical Examiners. Any person offering service as a practitioner of medicine within the meaning of this Act who has not complied with the provisions of this Act, or whose license has been suspended or revoked by the Board of Medical Examiners shall be guilty of a misdemeanor and upon conviction thereof in the court of quarter sessions of the county wherein said offense shall have been committed, shall pay a fine of not more than five hundred dollars (one half of such fine is to go to the person or persons causing the arrest and conviction of the offender) and undergo imprisonment in the county jail for not more than ninety days for such offense, either or both at the discretion of the court.

SECTION 11: LICENSES, REFUSED, REVOKED OR SUSPENDED.—The Board of Medical Examiners may refuse, revoke, or suspend the right to practice medicine in this state for any or all of the following reasons, to wit: The presentation to the said Board of Medical Examiners of a court record showing the conviction in due course of law of said person for procuring, or aiding, or abetting in producing a criminal abortion or miscarriage by any means whatever; the conviction of a crime involving moral turpitude; or for habitual intemperance in the use of ardent spirits or stimulants, narcotics, or any other substance which impairs intellection and judgment to such an extent as to incapacitate for the performance of professional duties. Any person who is a licentiate under this Act, or who is an applicant for examination for licensure to practice medicine in this state against whom any of the foregoing charges are preferred for refusing or causing the revocation or suspension of license, shall be furnished by the Board of Medical Examiners with a copy of the complaint and shall have a hearing before said Board in person or by attorney, and witnesses may be examined or other evidence considered by said Board respecting the guilt or innocence of said accused. The suspension of license of any licentiate under this Act shall be removed when said narcotic or vicious habit hereinbefore specified shall have been adjudged by the Board of Medical Examiners to be cured or overcome and said suspended licentiate deemed again capable of practicing his profession. The action of the said Board in revoking, suspending or removing the suspension of a license shall be certified by the secretary of the said Board of Medical Examiners to the prothonotary of each of the counties in which said license may have been registered and the same shall be entered upon the record containing such registry in each of said counties.

SECTION 12.—FEES FOR EXAMINATION, AND APPROPRIATION FOR THE BOARD OF MEDICAL EXAMINERS.—All fees for examinations and licenses as provided for in this Act shall be accounted for and paid over to the Treasurer of the State of Pennsylvania by the secretary and treasurer of the Board of Medical Examiners. The said secretary and treasurer of the Board of Medical Examiners shall give bond to the state in the sum of five hundred dollars for the faithful performance of his duty.

The sum of sixteen thousand dollars is hereby annually appropriated out of any moneys in the state treasury, not otherwise appropriated, to be applied in the following manner, to wit: Fourteen thousand dollars for the payment of an annual salary of one thousand five hundred dollars to each of the nine examiners, together with the sum of five hundred dollars additional annually to the examiner who shall be the secretary and treasurer of the Board; two thousand dollars to be applied to the traveling and hotel expenses of the examiners, rent for the rooms in which examinations are held, clerks, assistants, pens, ink, paper, and all other expenses necessary to accomplish the purposes of this Act. The accounts shall be audited by the Auditor General and when approved warrants shall be drawn by him on the State Treasurer in payment of the same, and any balance remaining at the end of each year, after the disbursements herein specified, shall be paid into the treasury of the commonwealth.

SECTION 13.—All acts or parts of acts of assembly inconsistent herewith shall be and the same are hereby repealed.